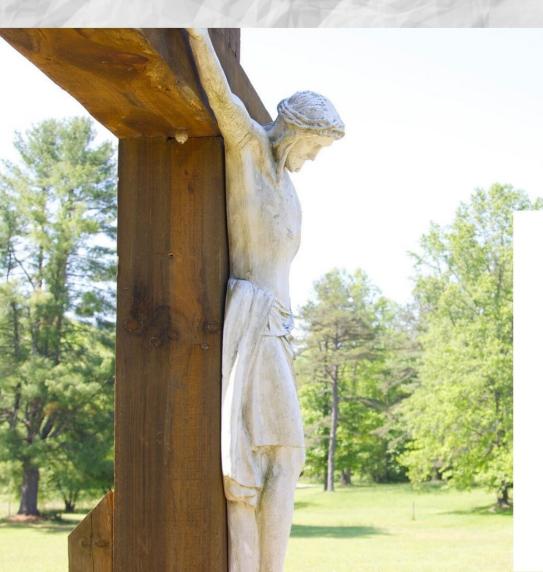
## BEST CAMP EVER

When?: June 1-6

What?: The best week of your summer! Life Teen camp is an unforgettable week of adventure, diving into your faith, and forming lasting friendships.

How Much?: \$600 total \$100 deposit due 1/10 Final balance due 4/1 \*Scholarships available - apply from our webpage

**Who?**: Limited spots available. Forms due January 10th





## Catholic Archdiocese of Atlanta—Saint Brigid Catholic Church Field trip - Parental / Guardian Consent Form and Liability Wavier

Name of Participant::			Goes By:	Gender:	
Grade:	Date of Birth:	Age:	School:	T-Shirt Size:	
Parent/Gua	rdian's Name:				
Address:					
Home Phone #:		Pa	Parent Cell #:		
Teen Cell #:		Pa	Parent E-Mail:		
Teen E-Mail:St Brigid F		Parishioner: <u>YES/NO</u> If Not, where:			
Any allergie	s/special needs/etc we need	I to be aware of?:	Officie Offe		
Ind Esi Mo I/We, (Pare that is spon release, abs representati program na activities. I/ I/We also gi way during parent/guar hospitalize, I also agree agree to be actions/beh	sored by (Parish listed above solve, indemnify and agree to lives, successors, supervisors med above. I likewise release We hereby grant permission to seek any e such events named above. dian. In the event that I/we descure treatment for, and to that I am legally responsible financially responsible for an avior of my child/guardianships	ch Anne Butrum e and Return: Mor nd from event: B by give my/our appro- e). I/We do hereby, for hold harmless any a s, sponsors, organize se from my responsible for publication of gro mergency care shoul I/We understand that cannot be contacted, order injection, anes e for all/any personal my/all damages, legal ip.	us  val for him/her to participate or myself, my heirs, execute and all adults who chapero ers and participants for any bility any person transporting two or more persons) and my child be involved in a sin any such instance, all a l/we hereby give permission thesia, and/or surgery for reactions taken by my child/g fees, and other costs incur	te with the (EVENT listed above) tors, and administrators, waive, ne, also the Archdiocese and its injuries in connection with the ag my child to and from any of the photos taken at youth events.  In y accident or be injured in any attempts will be made to contact the on to the attending physician to my child, as named herein.  Guardianship during this event, and	
				hip from the event premises. I sent home are my responsibility.	
Signature o	f Parent / Guardian		Date		
*Ple	ase return this form to	o the Life Teen (	Office with a \$100 ch	neck by Jan. 10, 2020.	

Office Use: Date \_\_\_\_\_\_\_Rec'd \_\_\_\_\_\_Amount \_\_\_\_\_ Check # \_\_\_\_\_Cash \_\_\_\_\_